

11/08/04 MON 15:04 FAX 12032645756 C CSP TROOP A

TATE POLICE)	ACCIDENT INFORMATION CHMMADY
Department of Public Safety / Division of State Police	ACCIDENT INFORMATION SUMMARY
State Police Troop: Ca	se Number: DP8-04055169 Notations:
	Traffic:Weather:
Investigating Trooper: Suincuskes # 1/SV Dal	e: _//-67-09/ Time: _//o/ Laneof
	Direction of Travel:
WATER OF THE ME	N S E W
No. & Type of Veh's Involved: The MC Ref. (Passenger Car, Truck, Bus, Etc.)	(Pedestrian, Pole, Bridge Abutment, Etc)
)	0 - 3 // 1
	ation of Accident: KT199 & SoftkeSucm
Utility Pole Name & Number (If Applicable):	Other (Specify):
Oper#1: Spanocus, Michael F	Oper#2: Decn Kussell D
DOB: 6-19-56 Gender: ☑M	F DOB: 08-08-59 Gender: ∠ M □F
	102:12
Address: 10 Bittle Swenf Rd	Address: 68 Birch Book KC
Town: Koxbury State: CT ZIp: Q	Town: Shelton State: C7 Zip: 06/8/
Oper. Lic. # 182 906972 Type: A State: C	Oper. Lic. # 083394192 Type: 2M State: CT
Owner#1:	Owner #2:
Address:	Address:
Registration Plate: 120047 - Trk State: VA	Registration Plate: 756786 State: CT
Make: Cheu 735 649 / K -THE PLU Year:	Make: MV Augusta Model: F4 Year: 04
Sirdamer , Tric	700 150151111110
VIN: 1035 K 51043 F 363886 TY	
Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) No	
Insurance Company: Mostessive	Insurance Company: Hogressive
Insurance Policy #: 022058594-2	Insurance Policy #: PN91356
Injuries:	Injuries: Severe leg & Hood
Vehicle Damage: 1ett Sid of trailer	Vehicle Damage: 10 /s/
	- 1 - 1
Vehicle Towed: ☑No ☐Yes,	Vehicle Towed: □No ☑Yes, RF AVTO
	- 1 - 1
Vehicle Towed: ☑No ☐Yes, Occupant(s): [Name / DOB / Address / Position in Veh ]	Vehicle Towed: ☐No ☑Yes, ☐ PANO Occupant(s): [Name / DOB / Address / Position in Veh ]
Vehicle Towed: ☑No ☐Yes,	Vehicle Towed: □No ☑Yes, RF AVTO
Vehicle Towed: ☑No ☐Yes, Occupant(s): [Name / DOB / Address / Position in Veh ]	Vehicle Towed: ☐No ☑Yes, ☐ PANO Occupant(s): [Name / DOB / Address / Position in Veh ]
Vehicle Towed: No Yes, Occupant(s): [Name / DOB / Address / Position in Veh ]	Vehicle Towed: No Ayes, RF AAO Occupant(s): [Name / DOB / Address / Position in Veh ]
Vehicle Towed: ☑No ☐Yes, Occupant(s): [Name / DOB / Address / Position in Veh ]	Vehicle Towed: ☐No ☑Yes, ☐ PANO Occupant(s): [Name / DOB / Address / Position in Veh ]
Vehicle Towed: No Yes, Occupant(s): [Name / DOB / Address / Position in Veh ]	Vehicle Towed: No Ness Position in Veh J Occupant(s): [Name / DOB / Address / Position in Veh ]  Oper #4:
Vehicle Towed: No Yes, Occupant(s): Name / DOB / Address / Position In Veh ]  Oper #3:  DOB: Gender: M	Vehicle Towed: No Ayes, Position in Veh ]  Occupant(s): [Name / DOB / Address / Position in Veh ]  Oper #4:  F DOB: Gender: M F
Vehicle Towed: ☑No ☐Yes, Occupant(s): [Name / DOB / Address / Position In Veh ]  Oper #3:  DOB: Gender: ☐ M ☐  Address:	Vehicle Towed: No New Yes, Production in Veh ]  Occupant(s): [Name / DOB / Address / Position in Veh ]  Oper #4:  F DOB: Gender: M DF  Address:
Vehicle Towed: No Yes, Occupant(s): (Name / DOB / Address / Position In Veh )  Oper #3:  DOB: Gender: M   Address: Town: State: Zip:	Vehicle Towed: No Ayes, Position in Veh ]  Occupant(s): [Name / DOB / Address / Position in Veh ]  Oper #4:  F DOB: Gender: M F  Address:  Town: State: Zip:
Vehicle Towed: ☑Nc ☐Yes, Occupant(s): Name / DOB / Address / Position In Veh ]  Oper #3:  DOB: Gender: ☐ M ☐  Address:  Town: State: Zip: Oper, Lic. # Type: State;	Vehicle Towed: No New Yes, Name / DOB / Address / Position in Veh ]  Oper #4:  F DOB: Gender: M F  Address:  Town: State: Zip:  Oper, Lic. # Type: State:
Vehicle Towed: ☑Nc ☐Yes, ☐Occupant(s): Name / DOB / Address / Position In Veh ]  Oper #3:  DOB: ☐ ☐ M ☐  Address: ☐ ☐ M ☐  Address: ☐ ☐ Zip: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Vehicle Towed: No New Yes, Position in Veh ]  Occupant(s): [Name / DOB / Address / Position in Veh ]  Oper #4:  F DOB: Gender: M F  Address: Town: State: Zip: Oper. Lic. # Type: State:  Owner #4:
Vehicle Towed: ☑Nc ☐Yes, ☐Occupant(s): [Name / DOB / Address / Position In Veh ]  Oper #3:  DOB: ☐ ☐ M ☐  Address: ☐  Town: ☐ State: ☐ Zip: ☐  Oper, Lic. # ☐ Type: ☐ State; ☐  Owner #3: ☐  Address: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Vehicle Towed:
Vehicle Towed: ☑No ☐Yes, Occupant(s): Name / DOB / Address / Position In Veh ]  Oper #3:  DOB: Gender: ☐ M ☐  Address:  Town: State: Zip:  Oper, Lic. # Type: State:  Owner #3:  Address:  Registration Plate: State:	Vehicle Towed: No New
Vehicle Towed: No □Yes, □   Occupant(s): (Name / DOB / Address / Position In Veh ]    Oper #3:  DOB: Gender: □ M □  Address:  Town: State: Zip: □  Oper, Lic. # Type: State;  Owner #3:  Address:  Registration Plate: State: Model: Year: □	Vehicle Towed:
Vehicle Towed: ☑Nc ☐Yes, ☐ Occupant(s): Name / DOB / Address / Position In Veh ]  Oper #3:  DOB: ☐ Gender: ☐ M ☐ Address:  Town: ☐ State: ☐ Zip: ☐ Oper, Lic. # ☐ Type: ☐ State: ☐ Owner #3:  Address:  Registration Plate: ☐ State: ☐ Make: ☐ Model: ☐ Year: ☐ ViN;	Vehicle Towed: No New Pes, Occupant(s): [Name / DOB / Address / Position in Veh ]  Oper #4:  F DOB: Gender: M F  Address:  Town: State: Zip:  Oper. Lic. # Type: State:  Owner #4:  Address:  Registration Plate: State:  Make: Model: Year:  VIN:
Vehicle Towed: No □Yes, □   Occupant(s): (Name / DOB / Address / Position In Veh ]    Oper #3:  DOB: Gender: □ M □  Address:  Town: State: Zip: □  Oper, Lic. # Type: State;  Owner #3:  Address:  Registration Plate: State: Model: Year: □	Vehicle Towed: No New Yes, Occupant(s): [Name / DOB / Address / Position in Veh ]  Oper #4:  F DOB: Gender: M F  Address:  Town: State: Zip:  Oper. Lic. # Type: State:  Owner #4:  Address:  Registration Plate: State:  Make: Model: Year:  VIN:
Vehicle Towed: No □Yes,   Occupant(s): (Name / DOB / Address / Position In Veh ]    Oper #3:  DOB:  Gender:  M  Address:  Town:  Oper, Lic. #  Owner #3:  Address:  Registration Plate:  Make:  ViN;  Seatbelt(s): □Yes □No Airbagt: □Yes(Ocoployed □Y □N) □No □ Insurance Company:  No DOB / Address / Position In Veh ]  State:  Model:  Year:  Year:  No Dob / Address / Position In Veh ]  No □  N	Vehicle Towed: No Nes, Position in Veh ]  Occupant(s): [Name / DOB / Address / Position in Veh ]  Oper #4:  F DOB: Gender: M F  Address: Town: State: Zip:  Oper. Lic. # Type: State:  Owner #4:  Address: Registration Plate: State:  Make: Model: Year:  VIN:  N/A Seatbelt(s): Yes No Airbag: Yes Daployed Y N) No N/A Insurance Company:
Vehicle Towed: No □Yes.   Occupant(s): (Name / DOB / Address / Position In Veh ]    Oper #3:  DOB:  Gender:  M  Address:  Town:  Oper. Lic. #  Owner #3:  Address:  Registration Plate:  Make:  VIN:  Seatbelt(s): □Yes □No Airbagt: □Yes(Deployed □Y □N) □No □	Vehicle Towed:   No     No     No   No   No   No   No
Vehicle Towed: No Yes, Occupant(s): Name / DOB / Address / Position In Veh ]  Oper #3:  DOB: Gender: M  Address:  Town: State: Zip:  Oper, Lic. # Type: State:  Owner #3:  Address:  Registration Plate: State:  Make: Model: Year:  VIN:  Seatbelt(s): Yes No Airbagt Yes(Deployed IY N) No Insurance Company: Insurance Policy #: Injuries:	Vehicle Towed: \[ \text{No Byes}, \] \[ \text{Position in Veh} \]  Occupant(s): \[ \text{Name / DOB / Address / Position in Veh} \]  Oper #4:  F DOB: \[ \text{Gender: } \[ \text{M} \] \[ \text{F} \]  Address: \[ \text{Town: } \]  Oper, Lic. # \[ \text{Type: } \]  Owner #4: \[ \text{Address: } \]  Owner #4: \[ \text{Address: } \]  Registration Plate: \[ \text{State: } \]  Make: \[ \text{Model: } \]  VIN: \[ \text{N/A Seatbelt(s): } \[ \text{Yes } \]  Insurance Company: \[ \text{Injuries: } \]
Vehicle Towed: No Yes, Occupant(s): Name / DOB / Address / Position In Veh ]  Oper #3:  DOB: Gender: M  Address:  Town: State: Zip:  Oper, Lic. # Type: State:  Owner #3:  Address:  Registration Plate: State:  Make: Model: Year:  VIN:  Seatbelt(s): Yes No Airbagt Yes(Deployed IY N) No Insurance Company: Insurance Policy #: Injuries:  Vehicle Damage:	Vehicle Towed:
Vehicle Towed: No Yes, Occupant(s): (Name / DOB / Address / Position In Veh ]  Oper #3:  DQB: Gender: M □  Address: Town: State: Zip: Oper, Lic. # Type: State;  Owner #3: Address: Registration Plate: State: Make: Model: Year: VIN; Seatbelt(s): Yes □No Airbagt: Yes(Oeployed □Y □N) □No □ Insurance Company: Insurance Policy #: Injuries: Vehicle Damage: Vehicle Towed: □No □Yes,	Vehicle Towed: No New Position in Veh ]  Occupant(s): (Name / DOB / Address / Position in Veh ]  Oper #4:  F DOB: Gender: M F  Address: Zip:  Town: State: Zip:  Oper. Lic. # Type: State:  Owner #4:  Address: Registration Plate: State:  Make: Model: Year:  VIN:  N/A Seatbelt(s): Yes No Airbag: Yes Deployed Y N) No N/A Insurance Company: Insurance Policy #: Injuries: Vehicle Damage: Vehicle Towed: No Yes.
Vehicle Towed: No Yes, Occupant(s): Name / DOB / Address / Position In Veh ]  Oper #3:  DOB: Gender: M  Address:  Town: State: Zip:  Oper, Lic. # Type: State:  Owner #3:  Address:  Registration Plate: State:  Make: Model: Year:  VIN:  Seatbelt(s): Yes No Airbagt Yes(Deployed IY N) No Insurance Company: Insurance Policy #: Injuries:  Vehicle Damage:	Vehicle Towed: No Ryes, Occupant(s): (Name / DOB / Address / Position in Veh ]  Oper #4:  F DOB: Gender: M F  Address: Town: State: Zip: Oper. Lic. # Type: State: Owner #4: Address: Registration Plate: State: Make: Model: Year: VIN:  N/A Seatbelt(s): Yes No Airbag: Yes Deployed Y N) No N/A Insurance Company: Insurance Policy #: Injuries: Vehicle Damage:
Vehicle Towed: No Yes, Occupant(s): (Name / DOB / Address / Position In Veh ]  Oper #3:  DQB: Gender: M □  Address: Town: State: Zip: Oper, Lic. # Type: State;  Owner #3: Address: Registration Plate: State: Make: Model: Year: VIN; Seatbelt(s): Yes □No Airbagt: Yes(Oeployed □Y □N) □No □ Insurance Company: Insurance Policy #: Injuries: Vehicle Damage: Vehicle Towed: □No □Yes,	Vehicle Towed: No New Position in Veh ]  Occupant(s): (Name / DOB / Address / Position in Veh ]  Oper #4:  F DOB: Gender: M F  Address: Zip:  Town: State: Zip:  Oper. Lic. # Type: State:  Owner #4:  Address: Registration Plate: State:  Make: Model: Year:  VIN:  N/A Seatbelt(s): Yes No Airbag: Yes Deployed Y N) No N/A Insurance Company: Insurance Policy #: Injuries: Vehicle Damage: Vehicle Towed: No Yes.
Vehicle Towed: No Yes, Occupant(s): (Name / DOB / Address / Position In Veh ]  Oper #3:  DQB: Gender: M □  Address: Town: State: Zip: Oper, Lic. # Type: State;  Owner #3: Address: Registration Plate: State: Make: Model: Year: VIN; Seatbelt(s): Yes □No Airbagt: Yes(Oeployed □Y □N) □No □ Insurance Company: Insurance Policy #: Injuries: Vehicle Damage: Vehicle Towed: □No □Yes,	Vehicle Towed: No New Position in Veh ]  Occupant(s): (Name / DOB / Address / Position in Veh ]  Oper #4:  F DOB: Gender: M F  Address: Zip:  Town: State: Zip:  Oper. Lic. # Type: State:  Owner #4:  Address: Registration Plate: State:  Make: Model: Year:  VIN:  N/A Seatbelt(s): Yes No Airbag: Yes Deployed Y N) No N/A Insurance Company: Insurance Policy #: Injuries: Vehicle Damage: Vehicle Towed: No Yes.

## Brief Description of Accident

Veh #1. a truck horse trailer combination. Was

Pulling out of Battleswarf R2 onto RT 199 heading

North. veh #2, a motorcycle, was heading South on

RT 199. Veh #2 Struck the left side of the trailer

being towed by what! of #2 sustained Severe

injuries to his legs and Head. of #2 was transported

to Daby Hospiel by Robby ambulance where he was prunted

This investigation is: Open/Continuing Octosed Sead.

MEDICAL ATTENTION:	
Patient Name: Russell Day Hospital	Patient Name:
Injuries les different	Hospital Injuries
#3 Ambulance Yes, Company No Patient Name:	, ,
Hospital Injuries	Hospital
FATALITIES: Do Not Release Unless Next of Kin	n Notified
Next of Kin Notified?	Next of Kin Notified? Yes No
Next of Kin Notified?	Next of Kin Notified?
Arrested	Arrested
Warned	Warned
Supervisor's Approval Required: Signature	-Cocc # 325 Date 11-5-04